7708

07694

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

Items 21&22 Film G185 8-24-55 ams

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 110

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Hurlock
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS American Stores Cannery

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Accomac
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Wachapreague 09X-1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Reuben (Middle) Adam (Last) Bailey
4. DATE OF DEATH: (Month) August (Day) 13 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Colored	Married	January 11,1924	31 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Day Laborer	Canning Factory	Accomac County, Virginia	U.S.A.

13. FATHER'S NAME: John T. Bailey
14. MOTHER'S MAIDEN NAME: Janie Mapp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No		230-34-7007	Mrs. Bessie Bailey, Hurlock, Maryla nd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a) 981X Hemorrage		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Gun shot wound chest 5 min		
	(c) DUE TO		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Barracks	21c. (City or town) Hurlock	(County) Dor.	(State) Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Aug 13 1955 9P M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? Shot by shot gun

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☒, Undetermined cause ☐.

SIGNATURE John Moore Jr. M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 8/13/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 17,1955	Burton's Cemetery	Near Wachapreague, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 13-1955	Chas W Hastings	J.J.Frampton and Son,	Federalsburg, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

7690

2411 N. Charles Street, Baltimore

07695

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 13 Cambridge
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 170 Washington St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dor
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge 13
STREET ADDRESS (If rural, give location) 170 Washington St 1

3. NAME OF DECEASED (Type or Print): (First) Nora (Middle) (Last) Bell

4. DATE OF DEATH: (Month) August (Day) 12, (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Apr. 5,1882

9. AGE last birthday: 73 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Dorchester-Co.,Md.

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Richard Travers

14. MOTHER'S MAIDEN NAME: Annie Nash

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) - - - -
(If year, give war or dates of service) - - - -

16. SOCIAL SECURITY No.: 214-07-9865

17. INFORMANT: Ruth Adams
170 Wash., St-Camb.,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
Immediate cause (a) Hypertensive Arteriosclerotic Heart Disease — Interval Between Onset and Death:

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Cardiac Decompensation
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 11, 19 54, to Aug. 12, 19 55, that I last saw the deceased alive on Aug. 12, 1955, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE J. Edwin Fassett (Degree or title) ADDRESS J. EDWIN FASSETT,M.D.-227 Pine St-Camb.,Md DATE SIGNED August 13,1955

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 8-16-55
NAME OF CEMETERY OR CREMATORY Bethel Cemetery
LOCATION (City, town, or county) Cambridge-Dor- (State) Md.

DATE REC'D BY LOCAL REG. 8-15-55
REGISTRAR'S SIGNATURE John L. Hall, M.D.

24. FUNERAL DIRECTOR H.M. StClair, Jr.-High St-Camb.,Md. ADDRESS

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07696

7691

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 Cambridge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 67 Cambridge Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Town Point (Rural-Cambridge) X
STREET ADDRESS (If rural give location) P.O.

3. NAME OF DECEASED: (Type or Print) (First) ALVERDA (Middle) GORE (Last) BRANNOCK

4. DATE OF DEATH: (Month) AUG (Day) 12 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed
8. DATE OF BIRTH: 3-10-1872
9. AGE last birthday 83 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Gore
14. MOTHER'S MAIDEN NAME: Margarett Ann Dunnock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Earl H. Brannock RFD#1 Cambridge, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X
IMMEDIATE CAUSE (A) Cerebral Hemorrhage — 2 days
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Cerebral Arteriosclerosis
DUE TO (C) Generalized Arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Severe gastroenteritis — 10 days

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/2, 1955, to 8/12, 1955, that I last saw the deceased alive on 8/12, 1955, and that death occurred at 7:20 M, from the causes and on the date stated above.

SIGNATURE W. T. Rawls M. D. ADDRESS Cambridge Md DATE SIGNED 8/15/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 8-14-1955
NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery
LOCATION (City, town, or county) (State) Cambridge, Maryland

DATE REC'D BY LOCAL REGISTRAR 8-14-55
REGISTRAR'S SIGNATURE John A. Hall, M. D.
24. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service Cambridge, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07697

7692 CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

20252614424

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 Cambridge
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 67 Cambridge-Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge 13
STREET ADDRESS (If rural give location) Cambridge 1

3. NAME OF DECEASED: (Type or Print) John (First) Charles (Middle) Brooks Jr. (Last)

4. DATE OF DEATH: (Month) Aug. (Day) 28, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug. 27, 1955

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days 1 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cambridge

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Charles Brooks

14. MOTHER'S MAIDEN NAME: Ann Marie Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

15. (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Goldsborough Ave., John Charles Brooks St., Cambridge, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

760.0 IMMEDIATE CAUSE (A) Brain Injury — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Very Precipitate (30 min) Labor & Delivery — 1 day

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-27-55, 19p.., to 8-28, 19 55, that I last saw the deceased alive on 8-28, 1955, and that death occurred at 11.30M, from the causes and on the date stated above.

SIGNATURE Eldridge K. Wolfard M. D. ADDRESS Cambridge, Maryland DATE SIGNED 8-29-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Aug. 29, 1955

NAME OF CEMETERY OR CREMATORY Dorchester Memorial Park

LOCATION (City, town, or county) (State) Cambridge, Md.

DATE REC'D BY LOCAL REGISTRAR 8-29-55

REGISTRAR'S SIGNATURE John Hall, R.D.

24. FUNERAL DIRECTOR ADDRESS Kenneth R. Thomas, Cambridge, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07698

7699 **CERTIFICATE OF DEATH** Reg. Dist. No. 116

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 Cambridge
LENGTH OF STAY (In this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 67 Cambridge Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge 13
STREET ADDRESS (If rural give location) 131 Mill Street 1

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) E. (Last) DONOVAN SR.

4. DATE OF DEATH: (Month) AUG (Day) 28 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 2-15-1907

9. AGE last birthday 48 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10B. KIND OF BUSINESS OR INDUSTRY: Food Packing Indust.

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John F. Donovan

14. MOTHER'S MAIDEN NAME: not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. not known

17. INFORMANT & ADDRESS: Mrs. Gertrude P Donovan: Cambridge, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

150X

IMMEDIATE CAUSE (A) Diffuse carcinomatosis, 2° to — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Carcinoma of esophagus.

DUE TO (C) Bronchopneumonia, bilateral

Partial Esophageal Obstruction

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: Dec, 1954

19B. MAJOR FINDINGS OF OPERATION: Carcinoma of esophagus

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 1955 to Aug. 28, 1955 that I last saw the deceased alive on Aug. 28, 1955, and that death occurred at 5²⁵ PM, from the causes and on the date stated above.

SIGNATURE Lewis M. Burdette M. D. ADDRESS Cambridge, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 8-31-1955 | NAME OF CEMETERY OR CREMATORY Dorchester Memorial Park | LOCATION (City, town, or county) (State) Cambridge, Maryland

DATE REC'D BY LOCAL REGISTRAR 8-30-1955 | REGISTRAR'S SIGNATURE John Race, R. D.

24. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service Cambridge, Maryland

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7694

CERTIFICATE OF DEATH

Reg. Dist. No. 07699 176

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 Cambridge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 67 Cambridge Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge X
STREET ADDRESS (If rural give location) RFD#2 /

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) AGNES (Last) DAWSON DUNNOCK

4. DATE OF DEATH: (Month) AUGUST (Day) 6 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 9-17-1882
9. AGE last birthday 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Dawson
14. MOTHER'S MAIDEN NAME: Alice Shipley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Mr. Levin T. Dunnock: RFD#2 Cambridge, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 443 X — (A) DUE TO Cardiac failure — 7 days

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Hypertensive Heart Disease — 4 yrs.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/24/55 19..., to 8/6, 1955, that I last saw the deceased alive on 8/6, 1955, and that death occurred at 1:45 P.M., from the causes and on the date stated above.

SIGNATURE Lawrence Meyenson M.D. ADDRESS Cambridge, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF 8-9-1955
NAME OF CEMETERY OR CREMATORY: Dorchester Memorial Park
LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REGISTRAR 8-9-55
REGISTRAR'S SIGNATURE John Haw, M.D.
24. FUNERAL DIRECTOR ADDRESS: LeCompte Funeral Service Cambridge, Maryland

7695 07700

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 13 Cambridge
LENGTH OF STAY (in this place) 14 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 309 Maryland Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cambridge 13
STREET ADDRESS (If rural, give location) 309 Maryland Ave. 1

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Thomas (Last) Fairbanks
4. DATE OF DEATH (Month) (Day) (Year) Aug. 31, 1955 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug. 7, 1897
9. AGE last birthday: 58 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Machinist in
10b. KIND OF BUSINESS OR INDUSTRY: Canning Factory
11. BIRTHPLACE (State or foreign country): Trappe, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Edward Fairbanks
14. MOTHER'S MAIDEN NAME: Willie Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-16-9271
17. INFORMANT & ADDRESS: 309 Maryland Ave., Mrs. Maude F. Fairbanks, Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause 420.1 (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John Mroczka M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9/1/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Sept. 2, 1955
NAME OF CEMETERY OR CREMATORY Dorchester Memorial Park
LOCATION (City, town, or county) (State) Cambridge, Md.

DATE REC'D BY LOCAL REG. 9-1-55
REGISTRAR'S SIGNATURE John Thacker Jr. M.D.
24. FUNERAL DIRECTOR Kenneth R. Thomas, Cambridge, Md.
ADDRESS

7709

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 07701

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 116

1. PLACE OF DEATH: Dorchester
COUNTY Eastern Shore State Hospital MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 16 Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore Maryland 05X-2
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED: (Type or Print) (First) Olive (Middle) Virginia (Last) Howard

4. DATE OF DEATH (Month) August (Day) 6 (Year) 19 55

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 1/7/81
9. AGE last birthday: 74 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Frank Collins
14. MOTHER'S MAIDEN NAME: Martha ------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

260X
Immediate cause (a) Broncho Pneumonia — DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last 903 (b) Diabetis Mellitus — DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fractured left hip.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Cambridge Hosp.
21c. (City or town) Cambridge (County) Dorchester (State) Md.
21d. TIME OF INJURY (Month) 9 (Day) 18 (Year) 52 (Hour) 1½ M. 43
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Slipped on floor.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John Moore M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 8/8/55
NAME OF CEMETERY OR CREMATORY Denton Cemetery
LOCATION (City, town, or county) (State) Denton, Md.

DATE REC'D BY LOCAL REG. 8-6-55
REGISTRAR'S SIGNATURE John Moore M. D.
24. FUNERAL DIRECTOR ADDRESS J. Virgil Moore Denton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED

AUG 8 1955

BUREAU V. S.

Fawcett

9226

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09711

Dorchester

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH
COUNTY Cambridge Hospital
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock 2nd
LENGTH OF STAY (in this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) L (Last) Hudson.

4. DATE OF DEATH (Month) aug (Day) 27 (Year) 1955

5. SEX Male | 6. COLOR OR RACE Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) single | 8. DATE OF BIRTH June 5 1927 | 9. AGE last birthday 28 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Alabama | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Willie Johnson | 14. MOTHER'S MAIDEN NAME Mittie Bertha Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Norman Wright Hurlock md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

540.0
Immediate cause (a) Massive Liver Necrosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Nutritional Deficiency
(c) Acute Duodenal Ulcer-Pyolorspasm

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1955, to 22 Aug., 1955, that I last saw the deceased alive on 22 August, 1955, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Edwin Fassett M.D. J. EDWIN FASSETT, M.D.-227 Pine St-Camb., Md 9-30-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF aug 25 1955 | NAME OF CEMETERY OR CREMATORY Washington | LOCATION (City, town, or county) near Hurlock | (State) Md

DATE REC'D BY LOCAL REG. Oct. 13 1955 | REGISTRAR'S SIGNATURE John L Hall M.D. | 24. FUNERAL DIRECTOR F. B. Willoughby | ADDRESS East end Market

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07702

Item 12, FilmG185 8-30-55 et 7696

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 Cambridge
LENGTH OF STAY (in this place) 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 309 Choptank Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge 13/1
STREET ADDRESS (If rural give location) 309 Choptank Ave.

3. NAME OF DECEASED: (Type or Print) (First) Katie (Middle) Ritter (Last) Knipple

4. DATE OF DEATH: (Month) Aug. (Day) 24, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: July 24, 1882

9. AGE last birthday 73 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Castle, Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs. Robt. L. Kuhn, 309 Choptank Ave. Camb. Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

IMMEDIATE CAUSE (A) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 hour.

ANTECEDENT CAUSE (S) DUE TO (B) Myocarditis — 3 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Toxic Goitre (Hyperthyroidism — 10 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/29/53 A., to 8/24/55, that I last saw the deceased alive on 8/24/55, and that death occurred at 10:00 M., from the causes and on the date stated above.

SIGNATURE M. D. [signature] ADDRESS Cambridge Md DATE SIGNED 8/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: Aug. 27, 1955

NAME OF CEMETERY OR CREMATORY: Greensboro Cemetery

LOCATION (City, town, or county) (State): Greensboro, Md.

DATE REC'D BY LOCAL REGISTRAR: 8-25-55

REGISTRAR'S SIGNATURE: John Thacker M. D.

24. FUNERAL DIRECTOR ADDRESS: Rawlings Funeral Home, Greensboro, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07703

7697

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 TOWN Cambridge
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 67 Cambridge Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taylors Island X
STREET ADDRESS (If rural give location) P.O.

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) D. (Last) LAMBDIN JR.

4. DATE OF DEATH: (Month) AUG (Day) 11 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8-30-1913

9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10B. KIND OF BUSINESS OR INDUSTRY: Fishing Indust

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert D. Lambdin

14. MOTHER'S MAIDEN NAME: Sarah Lambdin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. not known

17. INFORMANT & ADDRESS: Mr. Joseph Lambdin: Taylors Island M

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 20 HOUR

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 AUG, 1955, to 11 AUG, 1955, that I last saw the deceased alive on 10 AUG, 1955, and that death occurred at 2:45 P M, from the causes and on the date stated above.

SIGNATURE Hooter E. Hunby M. D. ADDRESS Cambridge DATE SIGNED Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 8-14-55 — NAME OF CEMETERY OR CREMATORY Brick Church Cemetery — LOCATION (City, town, or county) (State) Taylors Island, Md.

DATE REC'D BY LOCAL REGISTRAR 8-14-55 — REGISTRAR'S SIGNATURE John Shea, M. D.

24. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service Cambridge, Maryland

7710

07704

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 12 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Kent
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Chestertown, Maryland 14-37-2
STREET ADDRESS (If rural, give location) --

3. NAME OF DECEASED: (First) Carl (Middle) Medford (Last) LeCates
4. DATE OF DEATH (Month) August (Day) 25 (Year) 19 55
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Div.
8. DATE OF BIRTH: 1-13-1905
9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Gas Company
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: James S. LeCates
14. MOTHER'S MAIDEN NAME: Margaret Burris
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) WWII (If Yes, give war or dates of service) W.W - 2
16. SOCIAL SECURITY NO.: -- YES
17. INFORMANT & ADDRESS: Eastern Shore State Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	322.1	(a) Delerium Tremens	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO	(b) Chronic Alcoholism.	?
	DUE TO	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: --
19b. MAJOR FINDING OF OPERATION: --
20. AUTOPSY? Yes ☒ No ☐
21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John Mace M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 8/25/55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF 8/28/55 | NAME OF CEMETERY OR CREMATORY CHESTER | LOCATION (City, town, or county) CHESTERTOWN (State) Md.

DATE REC'D BY LOCAL REG. 8-25-55 | REGISTRAR'S SIGNATURE John Mace M. D. | 24. FUNERAL DIRECTOR J. Willis Wells | ADDRESS Chestertown Md.

RECEIVED

AUG 29 1955

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7693 **CERTIFICATE OF DEATH**

08656

Reg. Dist. No. 116

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 Cambridge
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 67 Cambridge Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Madison
STREET ADDRESS (If rural give location) P.O.

3. NAME OF DECEASED: (Type or Print) (First) BENEDICT (Middle) FRANCIS (Last) MAY

4. DATE OF DEATH: (Month) AUG (Day) 22 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: 12-27-1890
9. AGE last birthday 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher
10B. KIND OF BUSINESS OR INDUSTRY: Public School System
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benedict B. May
14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT & ADDRESS: 157 Horton St. Robert B. May: New York 64, N.Y.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 420.1	(A) Cerebral Embolus	2 days
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Coronary disfunction	3 mos
	(C) DUE TO Arteriosclerosis	5 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-6-55, to Aug 22, 1955, that I last saw the deceased alive on August 22 1955, and that death occurred at 11 PM, from the causes and on the date stated above.
SIGNATURE W Bowman M. D. ADDRESS Cambridge DATE SIGNED 9-21-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 8-26-1955
NAME OF CEMETERY OR CREMATORY Walter B. Cook Crematorium
LOCATION (City, town, or county) New York (State) New York

DATE REC'D BY LOCAL REGISTRAR Aug 23 1955
REGISTRAR'S SIGNATURE John F Haas M.D.
24. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service Cambridge, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07705

CERTIFICATE OF DEATH

7699

Reg. Dist. No. 116

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 Cambridge
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 67 Cambridge Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Madison
STREET ADDRESS (If rural give location) P.O. X 1

3. NAME OF DECEASED: (Type or Print) (First) BENEDICT (Middle) FRANCIS (Last) MAYS

4. DATE OF DEATH: (Month) AUG (Day) 22 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-27-1890

9. AGE last birthday 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher:

10B. KIND OF BUSINESS OR INDUSTRY: Public Schools

11. BIRTHPLACE (State or foreign country): Bay Chester, N.Y.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benedict P. Mays

14. MOTHER'S MAIDEN NAME: Caroline Mays

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unk.) unkn (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Robert P. Mays: 157 Horton St. New York, N.Y.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Coronary Thrombosis — 4 mos.

DUE TO (C) Arteriosclerosis — years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-6, 1955, to 8-22, 1955 that I last saw the deceased alive on 8-22, 1955, and that death occurred at 10 14 P M, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Cambridge DATE SIGNED 8-24-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation | DATE THEREOF 8-25-1955 | NAME OF CEMETERY OR CREMATORY Ferncliffe Cemetery | LOCATION (City, town, or county) (State) West Chester, New York

DATE REC'D BY LOCAL REGISTRAR 8-24-55 | REGISTRAR'S SIGNATURE John Race, M. D. | 24. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service Cambridge, Maryland

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07706

7711

CERTIFICATE OF DEATH

Reg. Dist. No. 110

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Federalsburg - Rural
LENGTH OF STAY (in this place) 8 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS (If not in hospital give location) Near Cokesbury

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg - Rural X
STREET ADDRESS (If rural give location) Near Cokesbury

3. NAME OF DECEASED: (Type or Print) (First) Daniel (Middle) (Last) Nichols

4. DATE OF DEATH: (Month) August (Day) 27 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: February 9, 1876

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer

10B. KIND OF BUSINESS OR INDUSTRY: Farm Owner

11. BIRTHPLACE (State or foreign country): Caroline County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alex Nichols

14. MOTHER'S MAIDEN NAME: Sarah Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Alice V. Nichols, Seaford, Del., R.F.D.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

IMMEDIATE CAUSE (A) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 5yrs

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1, 1955, to 8/27, 1955, that I last saw the deceased alive on 8/27, 1955, and that death occurred at 9:45A M, from the causes and on the date stated above.

SIGNATURE Frank M Anderson M. D. ADDRESS Federalsburg, Md. DATE SIGNED August 27, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Aug. 30, 1955

NAME OF CEMETERY OR CREMATORY Hill Crest Cemetery

LOCATION (City, town, or county) (State) Federalsburg, Maryland

DATE REC'D BY LOCAL REGISTRAR Aug 30-55

REGISTRAR'S SIGNATURE Chas W Partridge

24. FUNERAL DIRECTOR ADDRESS J.J.Framptom and Son,, Federalsburg, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08659

77 0 CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 Cambridge
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 67 Cambridge Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Toddville
STREET ADDRESS (If rural give location) P.O. X 1

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) SOLOMAN (Last) PHILLIPS

4. DATE OF DEATH: (Month) AUG (Day) 30 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 2-7-1895

9. AGE last birthday 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician

10B. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Soloman J. Phillips

14. MOTHER'S MAIDEN NAME: Susie A. Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) WWI

16. SOCIAL SECURITY NO. not known

17. INFORMANT & ADDRESS: Goldsborough Phillipps: Toddville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 IMMEDIATE CAUSE	(A) Coronary Thrombosis	12 hrs
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Coronary sclerosis & angina pectoris	6 mos
	(C) DUE TO Arterio-sclerosis generalized	?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 1950, to Aug. 30, 1955, that I last saw the deceased alive on Aug. 30, 1955, and that death occurred at 11 A. M, from the causes and on the date stated above.

SIGNATURE James A. Thompson M. D. ADDRESS Cambridge, Md. DATE SIGNED Sept. 8, 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 9-1-1955

NAME OF CEMETERY OR CREMATORY Dorchester Memorial Park

LOCATION (City, town, or county) (State) Cambridge, Maryland

DATE REC'D BY LOCAL REGISTRAR Sept. 1, 1955

REGISTRAR'S SIGNATURE John Race, M.D.

24. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service Cambridge, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07797

CERTIFICATE OF DEATH

7712

Reg. Dist. No. 110

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Nr. Williamsburg,
LENGTH OF STAY (in this place) Md. Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Hurlock, R. F. D. Nr. Williamsburg
STREET ADDRESS (If rural give location) Near Williamsburg, Md.

3. NAME OF DECEASED: (First) John (Middle) Linwood (Last) Quailes

4. DATE OF DEATH: (Month) August (Day) 22 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 9, 1912

9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Bus Operator

11. BIRTHPLACE (State or foreign country): Hurlock, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Eli Quailes

14. MOTHER'S MAIDEN NAME: Hattie Strawberry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. 219-01-3885

17. INFORMANT & ADDRESS: Hattie Quailes, Williamsburg, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

IMMEDIATE CAUSE (A) Coronal Embolism DUE TO — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Chronic myocarditis DUE TO — 5 yrs.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1, 1955, to 8/23, 1955, that I last saw the deceased alive on 8/22, 1955 and that death occurred at 4:22 A.M., from the causes and on the date stated above.

SIGNATURE Frank M. Anderson M. D. ADDRESS Federalsburg, Md DATE SIGNED 8/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Aug. 24, 1955

NAME OF CEMETERY OR CREMATORY Washington Cemetery

LOCATION (City, town, or county) (State) Near Hurlock, Maryland

DATE REC'D BY LOCAL REGISTRAR Aug 24-1955

REGISTRAR'S SIGNATURE Chas W Hastings

24. FUNERAL DIRECTOR ADDRESS J. J. Framptom and Son, Federalsburg, Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07708

7701

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 Cambridge
LENGTH OF STAY (in this place) 8 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 303 Peach Blossom Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge 13
STREET ADDRESS (If rural give location) 303 Peach Blossom Ave. 1

3. NAME OF DECEASED: (First) William (Middle) Lake (Last) Robinson
4. DATE OF DEATH: (Month) (Day) (Year) Aug. 28, 1955 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Apr. 16, 1886
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Retired self employed
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Church Creek, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: A. Bowdle Robinson
14. MOTHER'S MAIDEN NAME: Annie Willis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: 303 Peach Blossom Ave. Mrs. Myrtle B. Robinson, Cambridge, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 20 min

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Coronary Heart Disease — 5 yrs

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 23, 1955 to Aug 28, 1955, that I last saw the deceased alive on Aug 19, 1955, and that death occurred at 11.45 M, from the causes and on the date stated above.

SIGNATURE Laurence Maryanov M. D. ADDRESS Cambridge Md DATE SIGNED 8/29/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Aug. 30, 1955
NAME OF CEMETERY OR CREMATORY Richardson Family Cemetery
LOCATION (City, town, or county) (State) Church Creek, Md.

DATE REC'D BY LOCAL REGISTRAR 8-29-55
REGISTRAR'S SIGNATURE John Race, M. D.
24. FUNERAL DIRECTOR ADDRESS Kenneth E. Thomas, Cambridge, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07709

Item 9, FilmG185 8-15-55 et

77-12

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 Cambridge
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 67 Cambridge Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorch.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge 13
STREET ADDRESS (If rural give location) 1 Perrimore Street

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) W. (Last) RUARK

4. DATE OF DEATH: (Month) AUGUST (Day) 4 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct. 1887

9. AGE last birthday 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10B. KIND OF BUSINESS OR INDUSTRY: Own General Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. Ruark

14. MOTHER'S MAIDEN NAME: Janie Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unk. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. no

17. INFORMANT & ADDRESS: Mrs. Lillie Hoover: Cambridge, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
4341 IMMEDIATE CAUSE	(A) CORONARY THROMBOSIS	INSTANT
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) CONGESTIVE HEART FAILURE	3 WEEKS
	DUE TO (C) PNEUMONIA	5 DAYS

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: **19B. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) **21B. PLACE** (Home, farm, factory, OF INJURY street, office bldg., etc.) **21C. WHERE DID INJURY OCCUR?** (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. **21E. INJURY OCCURRED** While at work ☐ Not while at work ☐ **21F. HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 1 AUG, 1955, to 4 AUG, 1955, that I last saw the deceased alive on 3 AUG, 1955, and that death occurred at 3:00 A.M., from the causes and on the date stated above.

SIGNATURE Walter E. Grunty M. D. ADDRESS Cambridge DATE SIGNED 8-6-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-6-1955	Brick Church Cemetery	Taylors Island, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-6-55	John Hale, M.D.	LeCompte Funeral Service	Cambridge, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07710

7713 CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Cambridge, rural
LENGTH OF STAY (in this place) 6 weeks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 16 Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Michaels 20 X 2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) MARGARET BRIDGES SHUCK.

4. DATE OF DEATH: (Month) (Day) (Year) August 8 1955.

5. SEX: F. 6. COLOR OR RACE: W. 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married 8. DATE OF BIRTH: July 29, 1879 9. AGE last birthday 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife 10B. KIND OF BUSINESS OR INDUSTRY: Home 11. BIRTHPLACE (State or foreign country): Maryland. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lewis Lammore 14. MOTHER'S MAIDEN NAME: Mary Bridges

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT & ADDRESS: Hospital records.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Lobular Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 7 days.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) Cerebral Hemorrhage. — 5 mos. +

DUE TO

(C) Generalized Arterio Sclerosis — 5 mos +

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic Brain Syndrome to Arteriosclerosis 5 mos +

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 25 1955, to Aug. 8, 1955, that I last saw the deceased alive on Aug. 8, 1955, and that death occurred at 7.06 P.M., from the causes and on the date stated above.

SIGNATURE Harry J. Crawford ADDRESS M. D. Cambridge Md. DATE SIGNED Aug. 8, 1955.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 8/11/55 NAME OF CEMETERY OR CREMATORY Episcopal Church Cemetery LOCATION (City, town, or county) (State) St. Michaels, Talbot, Md.

DATE REC'D BY LOCAL REGISTRAR 8-10-55 REGISTRAR'S SIGNATURE John Hale, M.D. 24. FUNERAL DIRECTOR ADDRESS NORMAN D. MARSHALL St. Michaels, Md.

07711

MARYLAND 7703

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge — LENGTH OF STAY (in this place) Yes
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dor
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vienna
STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED (Type or Print): (First) Alton (Middle) Holloway (Last) Spear

4. DATE OF DEATH: (Month) 9 (Day) 16 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 11/8/1898

9. AGE Last birthday: 57 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coast Guard

10b. KIND OF BUSINESS OR INDUSTRY: Bank Cashier

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Zachariah Spear

14. MOTHER'S MAIDEN NAME: Mary Bradley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs Alton Spear, Vienna, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary Artery Thrombosis — 2 hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) sclerosis of coronary Artery — 2 years

260X (c) Arteriosclerosis Generalized

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — ?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/15, 1955, to 8/16, 1955, that I last saw the deceased alive on 8/16 12:30 AM, 1955, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W J Sparks M.D. — ADDRESS Cambridge Md — DATE SIGNED 8/17/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 8/18/55 — NAME OF CEMETERY OR CREMATORY Vienna — LOCATION (City, town, or county) Vienna (State) Md.

DATE REC'D BY LOCAL REG. 8-18-55 — REGISTRAR'S SIGNATURE John Haley M.D.

24. FUNERAL DIRECTOR Ruth S. Fillingham — ADDRESS East New Market Md.

MARGIN RESERVED FOR BINDING

7714

07712

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taylors Island
LENGTH OF STAY (in this place) Few Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Freetown, Anne Arundel Co.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) LEVI (Middle) (Last) STEWART

4. DATE OF DEATH (Month) Aug. (Day) 8, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Apr. 8, 1885

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Varied

11. BIRTHPLACE (State or foreign country): Anne Arundel Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Stewart

14. MOTHER'S MAIDEN NAME: Adeline Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ------- (If Yes, give war or dates of service) -------

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Ida Stewart, Freetown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH ½ hour

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerosis, generalized — unknown

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: None

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.), INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Eldridge H. Wolff M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☑ DATE SIGNED 8-9-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 8/11/1955 | NAME OF CEMETERY OR CREMATORY Magothy Cemetery | LOCATION (City, town, or county) (State) Magothy, Maryland

DATE REC'D BY LOCAL REG. 8-9-55 | REGISTRAR'S SIGNATURE John H. Hall Jr. M. D.

24. FUNERAL DIRECTOR ADDRESS Elroy O. Wilson, Baltimore, Md.

77-14

07713

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY Dorchester — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 13 Cambridge

LENGTH OF STAY (in this place): 2 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS 67 Cambridge Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Dorchester

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Fishing Creek X

STREET ADDRESS (If rural, give location) / P.O.

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EISIE CREIGHTON TOLLEY	Aug. 24, 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed	6-8-1884	71 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Levin H. Creighton	Laura Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	none	Mrs. James Simmons: Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
904.0 Immediate cause	(a) Cerebral Vascular Accident	1 day
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Fracture neck femur	2 days
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
8-23-1955	Fracture Neck Femur	Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
	Home	Fishing Creek Dor. Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
Aug. 22 1955 M.		Slipped and Fell

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John Moore Jr. M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-28-1955	Hoosier Memorial Cemetery	Fishing Creek, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
8-25-55	John Hall Jr. M.D.	LeCompte Funeral Service Cambridge, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07714

7705

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 Cambridge
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 144N Washington Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge 13
STREET ADDRESS (If rural give location) 144N Washington Street 1

3. NAME OF DECEASED: (Type or Print) (First) EMMA (Middle) CORNELIAUS (Last) VAUGHN

4. DATE OF DEATH: (Month) Aug. (Day) 28, (Year) 1955

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed
8. DATE OF BIRTH: Jan. 16, 1883
9. AGE last birthday 72 yrs. IF UNDER 1 YEAR Months 7 Days 12 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Dorchester County, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Oliver Nichols
14. MOTHER'S MAIDEN NAME: Francis Bryan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ------ (If Yes, give war or dates of service) ------
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Arreda Sharps, Cambridge, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0
IMMEDIATE CAUSE (A) Arteriosclerotic Heart Disease
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Cardiac Decompensation DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 11, 1952 to Aug 28, 1955, that I last saw the deceased alive on Aug 28, 1955, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE J. Edwin Fassett
J. EDWIN FASSETT, M.D.
ADDRESS 227 Pine St-Cambridge, Md.
DATE SIGNED -8-30-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 9/1/1955
NAME OF CEMETERY OR CREMATORY Old Field Cemetery
LOCATION (City, town, or county) (State) Dorchester County, Md.

DATE REC'D BY LOCAL REGISTRAR 9-1-55
REGISTRAR'S SIGNATURE John Mace, M.D.
24. FUNERAL DIRECTOR ADDRESS Herbert M.St.Clair,Jr.,Cambridge,Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

77-15

CERTIFICATE OF DEATH

Reg. Dist. No. 116 07715

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 Cambridge
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 67 Cambridge Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge 13
STREET ADDRESS (If rural give location) Light Street 1

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) MARY ELIZABETH LECOMPTE WHEELER

4. DATE OF DEATH: (Month) (Day) (Year) AUGUST 2 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 3-28-1898
9. AGE last birthday 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles A LeCompte
14. MOTHER'S MAIDEN NAME: Mary Nara Seward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217-16-9622
17. INFORMANT & ADDRESS: Mr. Oden G. Wheeler: Cambridge, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

204.2
IMMEDIATE CAUSE (A) Terminal Broncho Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1-2 days
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Profound anemia (Primy) — 5 mo.
DUE TO (C) acute mono-cytic Leukemia — 5 mo

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-10, 1955, to 8-2, 1955, that I last saw the deceased alive on 8-3, 1955, and that death occurred at 8:15 P.M, from the causes and on the date stated above.
SIGNATURE Eldridge H Wolff M. D. ADDRESS Cambridge Md DATE SIGNED 8-5-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 8-6-1955
NAME OF CEMETERY OR CREMATORY Dorchester Memorial Park
LOCATION (City, town, or county) (State) Cambridge, Maryland

DATE REC'D BY LOCAL REGISTRAR 8-5-55
REGISTRAR'S SIGNATURE John H Hall M.D.
24. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service Cambridge, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07716

77-77

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 Cambridge
LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 67 Cambridge-Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge 13
STREET ADDRESS (If rural give location) 405 Academy St. 1

3. NAME OF DECEASED: (Type or Print) (First) Herman (Middle) Henry (Last) Wingate

4. DATE OF DEATH: (Month) Aug. (Day) 4, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Jan. 16, 1890

9. AGE last birthday: 65 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired waterman

10B. KIND OF BUSINESS OR INDUSTRY: self employed

11. BIRTHPLACE (State or foreign country): Bishops Head, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Wingate

14. MOTHER'S MAIDEN NAME: Mary Wingate

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Elsie Andrews, Cambridge, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 IMMEDIATE CAUSE (A) Coronary heart disease

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic heart disease

DUE TO (C) Nutritional deficiency -

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 30, 1955, to Aug. 3, 1955, that I last saw the deceased alive on Aug. 3, 1955, and that death occurred at 4.45 P. M. from the causes and on the date stated above.

SIGNATURE M.D. Alice E. Bunker ADDRESS Cambridge-Md. DATE SIGNED 8-6-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Aug. 6, 1955

NAME OF CEMETERY OR CREMATORY Dorchester Memorial Park

LOCATION (City, town, or county) (State) Cambridge, Md.

DATE REC'D BY LOCAL REGISTRAR 8-6-55

REGISTRAR'S SIGNATURE John Hall, M.D.

24. FUNERAL DIRECTOR ADDRESS Kenneth R. Thomas, Cambridge, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08669

7715

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Cambridge (Rural)
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 RFD#3

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge (Rural)
STREET ADDRESS (If rural give location) RFD# 3

3. NAME OF DECEASED: (Type or Print) (First) LAURA (Middle) WHEATLEY (Last) WINGATE

4. DATE OF DEATH: (Month) AUG (Day) 29 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 9-5-1867

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Wheatley

14. MOTHER'S MAIDEN NAME: Henrietta Wheatley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Lauretta Wingate: Hudson, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442 X

IMMEDIATE CAUSE (A) Arteri sclerotic hypertensive cardio vascular renal disease — INTERVAL BETWEEN ONSET AND DEATH: 10 years +

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Terminal Uremia — 14 days

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-3, 1955, to 8-27, 1955, that I last saw the deceased alive on 8-28, 1955, and that death occurred at 10:00 AM, from the causes and on the date stated above.

SIGNATURE Eldridge H Woolf M. D. ADDRESS Cambridge Md. DATE SIGNED 8-31-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 9-1-1955

NAME OF CEMETERY OR CREMATORY Dorchester Memorial Park LOCATION (City, town, or county) (State) Cambridge, Maryland

DATE REC'D BY LOCAL REGISTRAR Sept. 1, 1955

REGISTRAR'S SIGNATURE John Thaw M. D.

24. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service Cambridge, Maryland

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING